



## MANAGEMENT SYSTEM CERTIFICATION

### APPLICATION FORM

1. Name of organization : \_\_\_\_\_

2. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate below the applicable Management System Standard to which you wish to be assessed:

ISO 9001       ISO 14001       OHSAS 18001       Others: \_\_\_\_\_  
 MS 1900       ISO 13485       MS 1722

For more than one scheme, do you want an integrated/ combined audit to be carried out?  Yes  No

4. Declaration:

- a) I hereby declare that the information provided in the Questionnaire, which was previously submitted, is still valid.
- b) I undertake to comply with the provisions of the Certification Agreement, a copy of which has been made available to me.
- c) I agree to pay all fees/ costs connected to the certification process.
- d) I shall not refuse any request by SIRIM QAS International to allow representative(s) of Accreditation Body(ies) to carry out witness audit of SIRIM QAS International, at my premises, should such a request be made.

I enclose herewith a cheque no. \_\_\_\_\_ for RM \_\_\_\_\_ made payable to **SIRIM QAS International Sdn. Bhd.** for the application fee as indicated in the quotation. (Quotation No. \_\_\_\_\_)

5. Signature of authorized representative : \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_ Position : \_\_\_\_\_

Please return form duly completed to:

Head  
Sales and Business Development  
Management System Certification Department  
SIRIM QAS International Sdn. Bhd. (410334-X)  
Building 4, SIRIM Complex  
No. 1, Persiaran Dato' Menteri  
40700 Shah Alam  
Selangor Darul Ehsan, Malaysia  
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Email: ask.msc@sirim.my